

**Department of Human Resources
Division of Health Care Financing & Policy
Meeting for Public Comment on Review
Of Nevada Medicaid Services Manual and
Medicaid Operations Manual
December 7, 2004**

Minutes

Attendees:

In Carson City, NV:

Charles Duarte, Administrator, DHCFP

John Liveratti, Chief, DHCFP, Compliance

Eric King, Chief, DHCFP, Rates Unit

Darrell Faircloth, DAG

Others in attendance shown on attached lists.

In Las Vegas, NV:

Selena Burton, DHCFP, Facilitator

The meeting was called to order by John Liveratti, Chief Compliance at 9:00am in the conference room of the Public Utilities Commission at 1150 East Williams Street in Carson City, Nevada. The meeting was aired by video-conference to Las Vegas simultaneously. Those in attendance are on the attached lists from both locations.

Marlene Reinecke, MS II, Program Services, Ocular, Audiology, and Radiology introduced amendments to MSM Chapter 300-Radiology Services.

303.7 Sleep Studies, Polysomnography, MSLT – Change language to two services in a 12 month period without prior authorization. If this is exceeded then prior authorization is required from the QIO vendor.

303.7D – Authorization Process – Change language from “submit the following documentation with the prior authorization request” to, “submit the following documentation when prior authorization is required”.

Historically prior authorization was needed for out patient sleep studies. There was considerable confusion surrounding the professional and technical aspect of the prior authorization. Due to this, and considering most prior authorizations for sleep studies were approved, we are changing the policy to two services in twelve months without prior authorization. Services exceeding this limitation will need prior authorization.

Mr. Liveratti invited public comment on this issue. There were no comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 300 and moved acceptance and approval of the changes.

Mr. Duarte accepted the changes to MSM Chapter 300 subject to a final spelling and grammar check.

Coleen Lawrence, Chief, Program Services introduced amendments to MSM Chapter 400-Mental Health and Alcohol/Substance Abuse Services.

This change is adding the policy for ECT into out-patient behavioral services. It has been consistently been delivered in the in-patient setting and is now being delivered according to standard practice in the out-patient service. We are modifying our chapter to include that. Historically Medicaid reimbursed electroconvulsive therapy (ECT) as part of the treatment plan for hospitalized recipients. A PA was approved for the hospital admission. Since technology has advanced in treatment of mental disorders, ECT is used primarily for depression and acute psychotic episodes in Schizophrenia and Bipolar Disorders in an outpatient setting. A low voltage alternating current is used to induce a generalized seizure that is monitored electrographically while the patient is under general anesthesia and muscle relaxation. Sec. 403.6 adds new policy Electroconvulsive Therapy (ECT).

Mr. Liveratti asked if this was brought about by a previous case that went to hearings and we found out that the standard of care was doing this.

Ms. Lawrence replied that this was correct.

Mr. Liveratti invited public comment on this issue. There were no comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 400 and moved acceptance and approval of the changes.

Mr. Duarte accepted the changes to MSM Chapter 400 subject to a final spelling and grammar check.

Marti Cote', MSSUP, Supervisor, Program Services and Deborah Meyers, SSPS II, Dental and DME introduced amendments to MSM Chapter 1000-Dental.

Sec. 1003.5A1 – Prosthodontics Services – Change some of the wording of this Section to be clear and concise regarding the intent of the 5 year dentures and partial dentures rule.

Sec. 1003.7A – Orthodontics – Change wording to make clearer the references to another state agency for orthodontia services clearer.

Sec. 1003.7.C.14 – Orthodontics – In order to simplify the payment procedure, prior authorization and payments for orthodontic services for managed care recipients in Southern Nevada will now be processed directly through the DHCFP's fiscal agent. The proposed procedure change will simply require the orthodontic provider in southern Nevada to receive a referral for treatment from the UNLV SODM. The orthodontist will send his request for treatment to FHSC for authorization. This process mirrors the current orthodontic procedure in the north where managed care recipients receive dental services through FFS and the FFS dental providers refer recipients to the orthodontist.

Prior to this it was a five-step process to pay orthodontia in the South.

Mr. Duarte requested clarification on this issue; orthodontia is an MCO carve out and is not a part of the managed care organization.

Ms. Cote' responded that this was correct.

Mr. Liveratti invited public comment on this issue. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 1000 and moved acceptance and approval of the changes.

Mr. Duarte accepted the changes to MSM Chapter 1000 subject to a final spelling and grammar check.

The next agenda item, amendments to MSM Chapter 3100-Hearings will be delayed to the end of the public hearing due to the Hearings Specialist being in a hearing conference meeting and was unable to attend the public hearing at this time.

Krista Leach, MA III, Rates Unit, Behavioral Health, introduced the discussion concerning amendments to the Nevada State Plan-School Based Child Health Services. The drafts for State Plan amendment had been sent to CMS for review. There was also a teleconference with CMS on December 6, 2004; as a result of that conference, CMS asked for the addition of a significant amount of detail to the State Plan draft amendment. There is to be an additional teleconference next week so that Mr. Duarte may be able to attend.

Mr. Duarte questioned whether we should go forward with the publication of the proposed amendment to the State Plan.

Mr. Liveratti indicated that as far as the regulations are concerned, we had to make time available to the public for comment on the State Plan change. We had published the document as we had known we were going to and that meets the federal requirements. We do not have to accept anything at a public hearing; we can accept the comments. We can take the comments and any workshop comments we have and incorporate that into the final State Plan amendment.

Mr. Duarte asked if we should proceed irrespective of CMS's request.

Mr. Liveratti said yes as we have to allow for the community to make their comments.

Ms. Leach then questioned if we would have to hold another public hearing later.

Mr. Liveratti indicated that we are not required to. If we decided to hold another public hearing that would be fine but we are not required to.

Attachment 3.1-A, Page 6c – The SPA updates Nevada’s State Plan by clarifying and further documenting existing School Based Child Health Services policy to conform to the directives of the CMS letter to State Medicaid Directors dated May 21, 1999.

Attachment 4.19-B, Page 5 – The SPA adds a new page to Nevada’s State Plan documenting rate setting methodology for School Based Child Health Services.

Mr. Liveratti invited public comment on this issue.

Stephanie Pochia, Clark County School District, we are looking for more detailed information regarding the rates setting methodology. Clark County is wondering if there was going to be an allocation type of methodology.

Eric King, Chief, Rates Unit, responded that they were not yet certain what that methodology would be, so at this time there isn’t anyone who can respond to that question.

Mr. Duarte indicated that the rates methodology was on the agenda for the conference set for next week and at this time there wasn’t anyone who could comment on that until the items causing concern could be addressed at the conference.

Ms. Pochia indicated that there had been some very positive feed back between Clark County and DHCFP and would like to propose that when the rate setting methodology was discussed, Clark County would like to be considered to be a part of the discussion.

Mr. Duarte asked if Clark County had provided comments at the previous public hearing.

Ms. Pochia indicated that they had but that they had specifically discussed an allocation method for a rate setting methodology; other than that, they have not submitted anything formal.

Mr. Duarte indicated that if there was anything formal that Clark County would like to have included that they submit them in writing as soon as possible.

Mr. Liveratti invited public comment from anyone else in Las Vegas or Carson City on this issue. There were no further comments on this issue.

Mr. Liveratti accepted the comments by Ms. Pochia and will look forward to the rest of the material she submits. We’ll move forward with the State Plan amendment with discussions with the Feds and possibly another workshop and another possible public hearing; depending on agreement by the parties concerned.

Hearing no further comments, Mr. Liveratti proceeded to close this portion of the public hearing.

Coleen Lawrence, Chief, Program Services, introduced the amendment to the Nevada State Plan-Home Infusion Therapy Dispensing Fees. This State Plan is actually not changing the actual methodology that is occurring. All it is doing, is updating our State Plan to conform with our current policy. That is the extent of the change.

Attachment 4.19-B, Page 3, Section 12.a.6 – The SPA updates Nevada’s State Plan by clarifying and documenting existing policy. It changes Home Infusion Therapy dispensing fees from a per dose amount to a daily amount consistent with current policy and payment methodology.

Mr. Liveratti invited public comment on this issue. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti indicated we would forward this on to DHR for approval and subsequently the Feds.

Coleen Lawrence, Chief, Program Services, introduced the amendment to MSM Chapter 3100-Hearings. This amendment is clarifying policy not changing the actual calendar days themselves.

The current policy, in Chapter 3100 Hearings, was not clear enough for interpretation. The statement “30 days” could be interpreted by recipients or providers as starting from the receipt of the denial letter instead of from the date of the denial. This new wording clarified Nevada Medicaid’s full intent of the meaning of 30 calendar days from the date of Medicaid’s denial letter.

Mr. Liveratti invited public comment on this issue. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 3100 and moved acceptance and approval of the changes.

Mr. Duarte accepted the changes to MSM Chapter 3100 subject to a final spelling and grammar check.

Mr. Duarte thanked PUC for the use of their facilities.

The agenda completed, Mr. Liveratti adjourned the public hearing.